## LCP-AR1

## LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period03/01/2010 to 06/30/2010 (num/dd/yyyy) (mm/dd/yyyy)

Name of Labor Compliance Program (LCP):  Rowland Unified School District					
2. LCP I.D. Number (assigned by DIR):	3. Date of 03/11/2003Initial Approval:				
2003.00048					
4. Contact person (include name, title, address, telephone, fax, and e-mail	, if available):				
Cheryl Wambolt, Labor Compliance Officer					
1830 Nogales Street					
Rowland Heights, Ca 91748					
(626) 854-8376 FAX (626) 854-8587					
5. Did LCP perform any LC § 1771.5 enforcement activities during the 1	2 months in the reporting period?				
Please check one: Yes If Yes, proceed to item 6 on the next page	age				
	n the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,				
	455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102				
What suggestions do you have for the Department of Industrial Relations	to better assist you with your program in the coming year? (attach additional sheets if				
necessary)	to better assist you with your program in the coming year? (attach additional sheets if				

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SUBMITTED BY:	CherAwanhot Labrulanduna DIFADI	States
∫ Signature	Name and Title	Date